## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48		
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
United We Can	C C00523621		
Check if 24-hour report 48-hour report New report Amends report filed o	on M = M / D = D / Y = Y = Y = Y		
Full Name of Payee SEIU Local 1199 WOK	Date of Public Distribution/Dissemination		
	09 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1395 Dublin Road	Amount		
City State Zip Code	80000.00		
	Transaction ID : D367046  Date of Disbursement or Obligation		
Purpose of Expenditure Estimated Cost for Salary & Other Canvass-Related Expenses  Category/ Type  001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Office S	Sought: House District:		
DONALD J TRUMP	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought  Disburs 2016	sement For: Primary   General  Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
SEIU Local 1199 WOK	09 07 2016		
Mailing Address 1395 Dublin Road	Amount		
City State Zip Code	40000.00		
Coldition	ransaction ID : D367047 Date of Disbursement or Obligation		
Purpose of Expenditure Estimated Cost Salary & Other Canvass-Related Expenses  Category/ Type  001	09 07 2016		
Name of Federal Candidate Support Office	Sought: House District:		
HILLARY RODHAM CLINTON Oppose	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought  Disburs 2016	sement For: Primary   General  Other (specify) ▶		
( ) 01177711 ( ) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(a) SUBTOTAL of Itemized Independent Expenditures	120000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·		
Gerald Hudson [Electronically Filed] Date 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature			

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
United We Can		C C00523621
Check if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee SEIU Local 1199 WOK	Da	ate of Public Distribution/Dissemination
		09 07 2016
Mailing Address 1395 Dublin Road	Ar	mount
City State Zip Code		40000.00
Columbus OH 43215		ransaction ID: D367048 ate of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Salary & Other Canvass-Related Expenses  Category Typ	y/ 001	09 07 2016
Name of Federal Candidate	Support Office So	ought: House District:
TED STRICKLAND	Oppose Pre	esident Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 42955.0		ment For:
Full Name of Payee	Di	ate of Public Distribution/Dissemination
The Pivot Group		09 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1720 I Street, NW Suite 550	A	mount
City State Zip Code		2186.25
Washington DC 20006		ansaction ID : D367051 ate of Disbursement or Obligation
Purpose of Expenditure Voter Canvass Literature  Category Typ	y/ 006	09 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sc	ought: House District:
DONALD J TRUMP	Oppose Pre	esident Senate State:
Calendar Year-To-Date Per Election for Office Sought 5583520.		ment For:  Primary  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		42186.25
	, _	72.100.20
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		•
Gerald Hudson [Electronically Filed	Date 09	08 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Signature		

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	I EXI END	ITOTILO		PAGE 3 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
United We Can				C C00523621
Check if 24-hour report <b>X</b> 48-hour report	<b>X</b> New rep	ort Amends repo		M / D D / Y N Y N Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
The Pivot Group			М	09 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1720 I Street, NW Suite 550			Amou	nt
City	State	Zip Code	$-\Gamma$	2186.25
Washington	DC	20006		action ID : D367052 of Disbursement or Obligation
Purpose of Expenditure Voter Canvass Literature		Category/ Type 006	М	09 07 2016
Name of Federal Candidate		Support	Office Sough	t: House District:
ROB PORTMAN		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	42955.00	Disbursemen 2016 O	t For: Primary <b>X</b> General ther (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
The Pivot Group			IV	09
Mailing Address 1720 I Street, NW Suite 550			Amou	nt
City	State	Zip Code	— I	768.75
Washington	DC	20006		ction ID: D367053 of Disbursement or Obligation
Purpose of Expenditure Voter Canvass Literature		Category/ Type 006	N	09 / 07 / 2016
Name of Federal Candidate		<b>x</b> Support	Office Sough	t: House District:
HILLARY RODHAM CLINTON		Oppose	<b>✗</b> Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought	, , ,	5583520.72	Disbursemen 2016 O	t For: Primary ★ General ther (specify) ★
(a) SUBTOTAL of Itemized Independent Expenditure	s			2955.00
(a) GOD TO THE OF ROTHERS MINISPONDENT EXPONDING	······			2933.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Gerald Hudson	[Electron	ically Filed] Date	9 09	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 4 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
United We Can	C C00523621			
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y			
Full Name of Payee Date	e of Public Distribution/Dissemination			
The Pivot Group	09 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 1720 I Street, NW Suite 550	ount			
City State Zip Code	768.75			
Washington DC 20006 Trail	nsaction ID : D367054 e of Disbursement or Obligation			
Purpose of Expenditure Voter Canvass Literature  Category/ Type 006	09 / 07 / 2016			
Name of Federal Candidate  X Support Office Sou	ight: House District:			
TED STRICKI AND	sident Senate State: OH			
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2016	nent For: Primary <b>X</b> General Other (specify) ▶			
Full Name of Payee Dat	te of Public Distribution/Dissemination			
Mailing Address Am	ount			
City State Zip Code				
Purpose of Expenditure  Category/ Type  Date	te of Disbursement or Obligation			
Name of Federal Candidate Support Office Sou	ught: House District:			
	sident Senate State:			
Calendar Year-To-Date Per Election for Office Sought	nent For:			
(a) SUBTOTAL of Itemized Independent Expenditures	768.75			
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7			
(c) TOTAL Independent Expenditures	165910.00			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Gerald Hudson  [Electronically Filed] Date 09	08 2016			
Signature				